CITY OF CARMEL FACILITY USE REQUEST FORM

Name/Organization:	
Point of Contact:	
Address:	
City, State, Zip:	
Home Phone:	() Cell Phone: ()
Email Address:	Fax Number ()
For Profit Organizat	ion: Non-Profit Organization: Individual:
Day and Date Reques	sted:
Time Requested:	a.m./p.m. to:a.m./p.m. (This includes set-up and clean-up time.)
Rehearsal Date:	Time: a.m./p.m. toa.m./p.m.
City Facility Request	ed: Gazebo Fountain Area Japanese Garden
Center Green	Caucus Room (1/3) (2/3) Council Chambers
Special Requests:	Electricity Fountain Restroom Other
Purpose:	Number of People Expected:
	No (See Item 5, City of Carmel Facility Use Policy attached) (See Item 9, City of Carmel Facility Use Policy attached)
Large or Race Event	ts:
Neighborhood Street	Closing (Street(s), Address(es) Blocked)
	f Public Works and Safety reserves the right, in its sole discretion, to deny est and/or revoke any previously granted request to use a City facility for
Received this	_day of, 201

Mayor's Office

Revised: 04/16/2011

ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH CITY FACILITY USE POLICY

I have read and understand the City of Carmel, Indiana ("City") Facility Use Policy and agree to be bound by all the terms and conditions set forth therein.

I will leave the City facility I use in the same condition that it was immediately prior to my use thereof. I agree to pay for any damage, repair or clean-up costs incurred by the City as a result of my use of a City facility.

I hereby certify that I, and the organization I represent, if applicable, agree to be bound by the City's Facility Use Policy and by any addition conditions or restrictions placed upon my/our use of a City facility by the Board. I understand that the Board has the right to deny, alter or revoke my request for the use of a City facility for any lawful reason. I and/or my organization also agree to indemnify and hold harmless the City of Carmel and all of its directors, officers, employees, agents and affiliates from any claims of whatever nature (whether foreseeable or not) arising from or in connection with this Application for any damages, costs or expenses incurred directly or indirectly as a result of my/our use of the City-owned facility and/or property.

Please sign below and deliver or mail the completed form to the <u>City of Carmel, Attn: Lobby Reception Desk, One Civic Square, Carmel, Indiana 46032.</u>

CITY OF CARMEL, INDIANA By and Through its Board of Public Works and Safety
by and Through its board of Tubic Works and Safety
James Brainard, Presiding Officer
Date:
Mary Ann Burke, Member Date:
Lori Watson, Member Date:
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ATTEST:
Diana L. Cordray, IAMC, Clerk-Treasurer